Violence and Women's Mental Health: The Pain Unequalled, Part One

Carol E. Jordan

University of Kentucky, carol.j@uky.edu

Follow this and additional works at: http://uknowledge.uky.edu/ipsvaw_facpub

Part of the Gender and Sexuality Commons, and the Psychology Commons

Recommended Citation

This Article is brought to you for free and open access by the Policy Studies on Violence Against Women at UKnowledge. It has been accepted for inclusion in Office for Policy Studies on Violence Against Women Publications by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.
INTRODUCTION TO THE SPECIAL ISSUE: PART 1

VIOLENCE AND WOMEN’S MENTAL HEALTH: THE PAIN UNEQUALLED
A Two-Part Special Issue

CAROL E. JORDAN
University of Kentucky

Is it true the ribs can tell the kick of a beast from a lover’s fist? The bruised bones recorded well
The sudden shock, the hard impact.
Then swollen lids,
Sorry eyes, spoke not
Of lost romance, but hurt.
Hate often is confused. Its
Limits are in zones beyond itself.
And sadists will not learn that love by nature,
effects a pain unequalled on the rack.

Maya Angelou, from And Still I Rise

LOVED ONES HEARING THE CRIES OF SISTERS AND DAUGHTERS, advocates answering crisis lines in late hours of the night, clinicians listening to the heart-wrenching stories of survivors and their children, all have been witness to the mental health effects that violence and abuse have on women. These firsthand stories have been borne out in psychological, epidemiological, sociological, and medical literatures that reveal the more intangible effects of intimate partner violence: elevated levels of depression and suicidality, anxiety, PTSD, and other adverse mental health outcomes. Whether considered clinically or empirically, it is clear that intimate forms of victimization are detrimental to the mental health of women.

That simple statement, however, belies the complexity of the relationship between assault-induced trauma and subsequent mental health sequelae. Why do some women react immediately, whereas for another the damage appears to increase as she gains temporal distance from the event? Why do some women appear unscathed and heartily resilient, whereas for others victimization leaves a devastating mark? How can one discern whether the mental health injury has its origin in childhood or adulthood victimization or both? How can some women recover quickly, whereas for others the struggle is long and exhausting? Immediacy, severity, duration, even etiology, the mental health effects of violence are as unique as is the woman who suffers from them.

That the field still lacks a detailed understanding of the mental health implications of intimate forms of violence, that agreed upon mechanisms for effects and sufficient conceptual models are elusive, and that we have insufficient research transformative enough to cross from the “bench to the crisis line,” are gaps that fueled the organization of a national scientific meeting hosted by the Center for Research on Violence Against Women in the summer of 2008.

THE NATIONAL SCIENTIFIC MEETING: VIOLENCE AGAINST WOMEN AND MENTAL HEALTH

Eleven articles were commissioned for the scientific meeting and presented by an interdisciplinary group of clinician scientists and
researchers from the fields of psychology, psychiatry, medicine, epidemiology, and social work. In addition to those researchers, advocates representing the National Network to End Domestic Violence, the National Sexual Violence Resource Center, the National Center for Victims of Crime, and local advocates from Kentucky also participated with critical input and perspective. The meeting was also cohosted by the American Psychological Association. The commissioned articles are collected in this two-part special issue. They include a article on the broad area of gender and trauma, and then a grouping of four articles focused more specifically on the four primary forms of violence: physical assault, sexual assault, stalking, and psychological aggression. Three articles were intended to contextualize discussions with views on poverty, race, and ethnicity. The intertwined relationships between child maltreatment, adult victimization, and mental health were also included. Commissioned authors were asked to write articles as literature reviews and, to the extent allowed by the literature, to focus on etiology and mechanisms for associations rather than limiting themselves to correlations between victimization and adverse mental health effects. Authors were also asked to offer conceptual models, theories, and recommendations for future research.

The collected articles communicate that understanding the mental health effects of violence against women is complex and necessitates a multilevel conceptual model. In fact, no single model is borne from the pages of this special issue as key disagreements still exist: Is PTSD a useful construct that can illuminate why one woman suffers deleterious effects while another does not, or is the application of that diagnosis flawed by an unintended pathologizing of victims or a perpetuation of ethnocultural biases? Both views are offered. What is consistent across these articles is that, to be useful, models must be fully integrative of biopsychosocial differences and characteristics of the abuse experience at the individual level and, equally, contextual factors such as poverty, marginalization, and oppression at a broader level. They must acknowledge the interdependency of psychological, sociocultural, and biological factors as mediators between victimization and mental health.

**CONTENTS OF THE SPECIAL ISSUE: VIOLENCE AGAINST WOMEN IN FORM AND CONTEXT**

Part 1 of this special issue begins with two articles that attend to trauma and posttraumatic reactions in women, one offering an epidemiological perspective and the second framing PTSD as the pathway to help explain women’s reactions to intimate partner violence. Naomi Breslau’s article uses data from epidemiological studies to show that female victims of traumatic events are at higher risk for PTSD than are male victims. She suggests that gender differences in key areas might provide a theoretical context for further inquiry into the greater vulnerability in females to PTSD. Mary Ann Dutton’s article follows with an argument that PTSD serves as the central pathway from the experience of intimate partner violence to adverse outcomes in the mental health of women.

Subsequent articles provide focus on the mental health effects of three variant forms of violence against women: sexual assault, stalking, and psychological aggression. A review by Rebecca Campbell and her colleagues examines the psychological impact of adult sexual assault through an ecological, theoretical perspective and identifies factors at multiple levels of the social ecology that contribute to postassault sequelae. Campbell et al., outline individual-level factors, assault characteristics, microsystem factors, meso/exosystem factors, macrosystem factors, and chronosystem factors and suggest how they relate to adult sexual assault survivors’ mental health outcomes. TK Logan and Robert Walker offer enlightenment on a less well-understood form of intimate violence, first addressing how partner stalking is distinct from nonpartner forms of stalking and then suggesting areas of research that need to be systematically addressed if more effective mental health and criminal justice responses are to be crafted. Finally, Diane Follingstad addresses the challenges of understanding the phenomenon of psychological aggression. She describes the
methodological challenges that make clear definition of this abuse form elusive and suggests that mediator/moderator variables are extremely important for explaining why specific consequences do not consistently result from exposure to psychological aggression.

In the final article of Part 1 of this special issue, Lisa Najavits authors a review that brings together the triad of victimization, substance abuse, and trauma, and reviews psychosocial therapies for these co-occurring problems. Her article offers a description of empirically studied models and suggests policy implications.

In Part 2 of this special issue, critical focus will shift to the context of violence with an article by Lisa Goodman and her colleague that will address the intersection of intimate partner violence and poverty. Thema Bryant-Davis will lead an article on ethnic minority women and the mental health effects of sexual violence, and Michael Rodriguez and his colleagues will attend to barriers to mental health care for ethnically diverse populations of women who have faced intimate forms of violence. In two final articles, the important linkage between child maltreatment and adult victimization will be explored. First, I will join John Briere on an article that reviews the multifaceted relationship between child maltreatment and later psychosocial difficulties among adult women. Gretchen Neigh and her colleagues will then carry that theme into their article, opining that exposure to trauma during child development increases the risk for psychiatric and other medical disorders beyond the risks associated with adult violence exposure. Their article will suggest that alterations in the hypothalamic–pituitary–adrenal (HPA) axis, a major mediating pathway of the stress response, contribute to the longstanding effects of early life trauma.

CONCLUSION

Though this special issue does not purport to be the final answer regarding the mental health implications of a woman’s exposure to violence, it offers important clues as to the design of theoretical models that will one day fully illuminate that association. The important insights of participating scholars and advocates are to be credited for that contribution. Sincere appreciation is also extended to the anonymous peer reviewers who significantly improved the quality of what this issue provides and to Jon Conte whose editorial leadership always ensures the maximum benefit of any project.

In the course of reviewing literature and constructing theoretical models, this special issue also works to make another contribution: to bring further out of the shadows the effects of abuse that are more difficult to define, impossible to see, but no less real to those who know them. These collected articles are best seen as an investment in the healing of women who know this unequalled and intangible pain.

Carol E. Jordan, MS, currently serves as assistant provost and director of the Center for Research on Violence Against Women at the University of Kentucky. She holds faculty appointments in the Departments of Psychology and Psychiatry. She has authored or coauthored two books, four book chapters, and numerous articles on violence against women, particularly focusing on mental health and victimization, and on experience of women victims with the civil and criminal justice systems. She has managed grants totaling more than $1.5 million and, since coming to the United Kingdom, has built a $5 million research endowment. She has 25 years of experience in public policy, legislative advocacy, and the development of programs addressing intimate partner violence, rape, and stalking. Before coming to the university, she served for 8 years as executive director of the Kentucky Governor’s Office of Child Abuse and Domestic Violence Services.